



## Provider Communication

<b>Subject:</b> Change in the Georgia Better Health Care (GBHC) Referral Process	<b>Priority:</b> <b>High</b>
<b>Date:</b> September 22, 2003	<b>Message ID:</b> ACSBNR-09222003-1

### ***Dear Medicaid and PeachCare for Kids Providers:***

Effective October 1, 2003, the Georgia Better Health Care (GBHC) referral process is permanently changing. This change is applicable only to those Medicaid or PeachCare for Kids members who participate in Georgia Better Health Care.

The automated GBHC referral process was implemented April 1, 2003. Because many providers experienced challenges during the transition to ACS operations, the decision was made by DCH not to penalize providers who continued to use the previous referral process, which was to use the GBHC provider ID number as the referral number. This grace period will end September 30, 2003. The decision to go forward with full implementation of the automated referral process was made after careful consideration of all aspects of the former and current processes. The rationale for going forward includes the following:

- There are five methods for providers to generate (or verify) a referral, four of which do not require a computer or internet access:
  - Calling the CIC and speaking to a customer service representative, or
  - Faxing the referral information to ACS, or
  - Mailing the referral information to ACS, or
  - Using the IVR (Interactive Voice Response system), or
  - Using the GHP Web Portal;
- The ability to back-date a referral for up to 30 days has eliminated the “urgency” in generating a referral;
- A greater number of CIC staff members are available to generate and verify referrals on behalf of providers;
- A large number of providers have made software changes that will not allow them to use the GBHC provider ID number in field 17a; and
- Many requests from the provider community NOT to further delay full implementation of the automated GBHC referral process.



Existing referrals using the GBHC provider ID as the referral number will expire on September 30, 2003. This may necessitate a PCP office generating a second unique referral for members who had previously been directed to a specialist, but who had either not yet visited the specialist or had not used all three visits. We do understand this is an inconvenience but is unavoidable as we transition from “two referral” systems to the single automated process.

Prior to April 1, 2003, referrals were required for any services, products or diagnostics that were not directly provided by the PCP in his or her office. Under the new process, a referral is required only when the PCP requests that a member be evaluated, treated or receive a Health Check screening by a provider who is not a part of the PCP practice group (operating under the same federal tax ID number).

Beginning October 1, 2003, services that require a referral must use the unique 12-digit referral number in field 17A of the CMS 1500. Reference materials are available to assist providers in the transition to the automated referral process: (1) a summary of the referral process, (2) a Quick Reference Guide, and (3) a referral worksheet to assist providers in gathering the necessary information to generate a referral. These materials may be accessed under “Forms and Documents” on the GHP website, [www.ghp.georgia.gov](http://www.ghp.georgia.gov)

GBHC and ACS staffs are available to assist providers who need additional training.